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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Physical Preparedness

Canada and Australia have been in the war for many months. The general point of view of the Australian and Canadian is similar to that of the average resident of the United States. For this reason, it would seem likely that the point of view of the Minister of Public Health for the State of Victoria in Australia may coincide with that of the average public health officer in this country. In discussing National fitness the Minister of Public Health said: "In the face of external danger to National integrity it would be supinely foolish not to raise the standard of the physique of the Nation by the quickest means to the maximum possible."

He said that no matter how effiicent machinery may be, the vitality of the man or woman behind the machine is the final deciding factor in the struggle for racial ideals and even existence. "The maximum of fitness will not be achieved by oratory or by legislation and the spending of public money. National fitness is but an aggregate of individual fitness, and the key to the situation is mostly in the hands of every individual in the community. There must be organization by governments—Federal, State and municipal, but every citizen individually is morally responsible for his or her share in the defense of those National ideals which, in a democracy, represent in practice the moral standards of human relationship held by the majority. According to the appreciation by each one of his individual responsibility, so are the National aims strengthened or weakened.

In time of crisis interest must be concentrated on those aspects of fitness which can be most quickly and practicably developed within a reasonable period of time. However, let there be no misunderstanding as to what fitness means. It certainly does not mean only that part of fitness that can be achieved by the work of play-leaders and drill and physical training instructors. They can make a very important contribution in rapidly raising the physical standard of the latently fit, in such times as these, and they can, in the child, prevent within well-defined limits the physically fit becoming unfit.

The root of the matter is the prevention of unfitness and this involves a whole range of activities of the practice of preventive and curative medicine, both physical and mental. In practice an effective fitness campaign whether in ordinary times or in emergency can not be divorced from these activities. The guiding principles in achieving fitness embrace all those factors governing healthy birth, habits and environment."

After discussing the aims of a National health service under the British Ministry of Health, the Australian minister continues: "It seems obvious that for a National campaign to be guided along effective, safe and economic lines, any consultive body set up should include representative experts in all the branches of biological science. Physiologists, hygienists, and medical experts are as necessary as are physical culture experts. In fact, nutrition, personal hygiene and the detection and remedy, if possible of all grades of physical defects are more important factors in community health than increasing the size of the biceps muscles of the fitter members of the community.

The problem of preventing unfitness and that of eliminating remediable existing unfitness are, from

the National point of view, inextricably bound up in health control."

In Canada the public health forces of the Dominion have been mobilized for almost two years. At this time, when the United States is daily becoming more active in its preparations for National defense, it is of advantage to recall those measures that have been developed by Canada and its provinces in the maintenance of public health during war time. Following is a list of those activities that have received special consideration: war time measures for venereal disease control; psychiatric services to soldiers; hospitalization of soldiers; after care of cases of chronic illness, including tuberculosis discovered among soldiers after enlistment; health hazards associated with production of munitions; education of the public concerning proper nutrition; control and supervision of food supplies; responsibility of health departments for military camps; sanitary services; cooperation of tuberculosis services in X-raying recruits; child care during the war; disposal of information obtained by public health personnel, showing subservient activities on the part of individuals or groups; uniform systems of keeping medical war records; registration of civilian deaths due to enemy action. These are but a few of the objectives that were outlined at the mobilization of Canadian forces. Some of them do not apply in this country, but they give a clear indication of the wide range of activities that public health departments must expect to cover in times of National emergency.

PSITTACOSIS CONTROL

During the month of May, 1941, no interstate shipping permits were issued for shell parrakeets, inasmuch as the ban on such shipments is still in effect. Fifty-six shipping certificates for 256 larger psittacine birds were issued. Thirty-three shell parrakeet aviaries were inspected and 388 birds were collected for laboratory tests. Seventy-one aviaries were inspected during the month.

At the laboratory, 449 shell parrakeets were autopsied and 63 or 14 per cent had enlarged spleens and, therefore, were suspicious for psittacosis. None of those tested in April have been reported positive, but six have been reported as suspicious and additional tests will be required.

"Few things are more important to a community than the health of its women, says a proverb, the son will give laws to the people. And in nations where all men give laws, all men need mothers of strong frames."—Higginson.

KEEP CUSTARD FILLINGS COLD

With the arrival of warm weather, the attention of health officers is drawn to the State regulations governing custard fillings for pastry. It is of importance that these regulations be enforced rigidly in all establishments where custard-filled products are manufactured for sale to the general public. Too many outbreaks of food poisoning, due to improperly prepared pastry products, occur during the summer months. Following is the text of the State regulations for the preparation and handling of custard filled pastries:

REGULATIONS

CUSTARD FILLINGS FOR PASTRY

WHEREAS, Poisoning with the toxins of staphylococci and colon group present in foods is becoming more common, the protection of the public health requires that products subject to such contamination be prepared with due regard to the prevention of such accident; therefore, be it

Resolved, That:

1. All commercially prepared custards or cream fillings of pastries shall be made under conditions of cleanliness involving all stages of its manufacture.

2. Only efficiently pasteurized milk may be used.

3. The temperature and time of heating the mix shall be as a minimum, the equivalent of a temperature of 140° F. for a period of one hour; provided, however, that other temperatures and times may be used when specifically approved by the Director of Public Health.

4. Upon completion of the cooking of the custard when used for filling of eclairs or cream puffs, or closed shell, that same should be put into shallow sterilized containers and chilled without delay to 50° F. When custard fillings are used in open shells that the pie and the shell must be cooled likewise to 50° F.

5. Custards must be kept in the cooling room until used in making pastries.

6. The filling apparatus which shall be wholly of metal or rubber, cleaned with boiling water and sterilized brushes, or with a jet of live steam under pressure.

7. Before use, filling apparatus shall be sterilized by either boiling for ten minutes, or steaming in a steam sterilizer for one hour.

8. The manufacturer of custard-filled pastry shall prohibit any person suffering from a skin infection from preparing or handling in any manner such pastry or the custard mix used therein.

9. Only freshly made cream filling shall be used in each batch.

10. During the process of distribution, all pastries containing cream fillers shall be maintained at a temperature that will not produce spoilage. (For its information value, it may be stated that scientific investigation has shown 50° F. to be the maximum temperature.)

MOSQUITO CONTROL IN MADERA

Dr. Lee A. Stone, Health Officer of Madera County, has issued a pamphlet for distribution to Madera County property owners relative to common procedures in the control of mosquitoes. The pamphlet is clearly and carefully written, is filled with practical illustrations and is printed in legible type upon an excellent quality of paper. The publication may well act as a model for the purpose for which it was designed.

Dr. Stone emphasizes that property owners can accomplish outstanding results through following simple procedures upon their own premises. Practical instructions are provided for control of mosquito breeding in cesspools, barrels, buckets, fountains, old auto tires, tin cans, fish pools, roof gutters, cisterns, open drains, old cellars, flower vases, lily tubs, watering troughs and irrigation ditches. Particular attention is paid to the role that irrigation may play in the breeding of mosquitoes, and a short concise statement of the life history of mosquitoes is included. Ten home precautions for mosquito prevention are emphasized. They read as follows:

1. Eliminate all standing water
2. Connect your desert cooler to sewer
3. Seal breaks and openings in cesspool covers
4. Stock ornamental pools with fish
5. Drain clogged roof gutters and flat roofs
6. Keep cellars dry
7. Stack pails, barrels, tubs and boxes upside down
8. Drain irrigating standpipes and ditches
9. Bury, flatten or punch holes in all tin cans
10. Pour waste oil on standing water that can not be drained.

Dr. Stone's publication is commendable for the reason that it provides clear, simple, workable information that will help the average property holder to exercise essential precautions in the abatement of this nuisance and menace to public health.

Peace will come only when the dictum of the family becomes the law of nations.

—Rev. Joseph R. Sizoo, D.D.,
Collegiate Reform Church of St. Nicholas, New York.

1940 BIRTHS BREAK ALL RECORDS

In 1940 there were 111,840 births registered in California and the present trend in 1941 indicates that an even larger number of such events will be registered during the current year. The greatest number to occur during any single month of 1940 was 10,126 which were registered in December. This is the largest number of births ever to be reported during a single month in California.

Out of the total of 111,840 births registered last year, 93742 were in the white race and they constituted 83.8 per cent of the total. There were 12,983 Mexican births registered or 11.7 per cent of the total. The remaining 4.5 per cent were scattered among Negroes, Indians, Chinese, Japanese, Filipinos and other races.

The following tables provide more detailed data pertaining to California births in 1940:

CALIFORNIA BIRTHS—1940

By Months

January	8,163
February	8,485
March	9,008
April	8,952
May	9,170
June	9.055
July	9,544
August	10,103
September	10,023
October	10,048
November	9,163
December	10,126
Total	111,840

By Race

White	93,742	83.8
Negro	1,864	1.7
Indian	451	0.4
Chinese	611	0.5
Japanese	1,493	1.3
Mexican	12,983	11.7
Filipino	512	0.5
Other	184	0.1
Total	111,840	100.0

The variety of nuisances encountered by the average health officer is extremely wide. Among the most common are noise, odors, presence of chickens, hogs, horses, cattle and other live stock in close proximity to dwelling houses. Overflowing cesspools and septic tanks, flies, mosquitoes and dozens of similar complaints are received regularly by the local health officer. Many of these can be settled by the local health officer or his inspectors, without resort to the courts. As a matter of fact, no specific legislation can cover many of the alleged nuisances that are reported. Proper handling of these matters depends very largely upon the tact and ingenuity of the inspector.

MORBIDITY

Complete Reports for Following Diseases for Week Ending July 5, 1941

Chickenpox

318 cases: Alameda County 1, Alameda 4, Albany 20, Berkeley 9, Oakland 22, Contra Costa County 2, Martinez 1, Fresno County 2, Fresno 1, Tehachapi 1, Los Angeles County 50, Burbank 2, El Monte 3, Glendale 1, Hermosa 2, Huntington Park 2, Long Beach 4, Los Angeles 26, Monrovia 2, Pasadena 10, Pomona 1, Redondo 2, San Gabriel 1, Santa Monica 1, Lynwood 1, South Gate 3, Monterey 3, Orange County 8, Huntington Beach 1, Orange 1, Sacramento 14, Ontario 1, San Diego County 2, Chula Vista 1, National City 2, San Diego 43, San Francisco 33, San Joaquin County 2, Lodi 1, Stockton 2, Burlingame 1, San Bruno 2, San Mateo 6, Santa Barbara County 1, Santa Brabara 4, Santa Maria 2, Santa Clara County 2, Los Gatos 1, Palo Alto 1, Sonoma County 5, Ventura 3, Yolo County 2.

Diphtheria

12 cases: Fresno County 1, Fresno 1, Los Angeles County 1, Indio 1, Sacramento 2, San Bernardino 2, San Diego 1, San Francisco 1, Shasta County 2.

German Measles

199 cases: Alameda County 1, Alameda 2, Albany 1, Berkeley 4, Oakland 1, Butte County 1, Angles Camp 1, Fresno County 1, Bishop 16, Delano 1, Taft 1, Los Angeles County 25, Compton 3, El Monte 4, Glendale 5, Long Beach 6, Los Angeles 17, Pasadena 5, Pomona 1, San Marino 2, Whittier 4, Bell 1, Mill Valley 1, Fort Bragg 1, Monterey County 1, Carmel 1, Monterey 1, Pacific Grove 1, Orange County 3, Santa Ana 3, Indio 1, Sacramento 10, San Bernardino 1, San Diego County 3, San Diego 14, San Francisco 26, San Joaquin County 1, San Luis Obispo County 3, San Luis Obispo 3, San Carlos 2, Santa Barbara County 2, Santa Barbara 1, Palo Alto 1, Redding 1, Turlock 1.

Influenza

31 cases: Los Angeles County 7, Covina 1, Los Angeles 1, Montebello 2, Whittier 1, Hawthorne 1, San Francisco 2, Menlo Park 1.

Malaria

4 cases: Riverside County 1, San Joaquin County 1, San Luis Obispo 1.

Measles

182 cases: Berkeley 2, Eureka 3, Kern County 2, Delano 8, Taft 1, Los Angeles County 57, Avalon 15, Compton 1, Huntington Park 4, Long Beach 9, Los Angeles 14, Whittier 3, Lynwood 2, South Gate 3, Bell 3, Monterey County 4, King City 1, Monterey 5, Pacific Grove 1, Napa County 4, Napa 14, Riverside County 1, Beaumont 1, Sacramento 1, San Diego 10, San Francisco 3, Santa Barbara County 1, Santa Clara County 1, Palo Alto 1, Redding 1, Solano County 1, Santa Rosa 1, Ventura County 1, Santa Paula 2, Yuba County 1.

Mumps

354 cases: Alameda 11, Albany 2, Berkeley 4, Oakland 3, Contra Costa County 2, Martinez 2, Kern County 3, Delano 1, Los Angeles County 33, Alhambra 10, Burbank 1, Claremont 1, Compton 2, Glendale 3, Huntington Park 3, Inglewood 1, Long Beach 2, Los Angeles 35, Montebello 3, Pasadena 4, Pomona 1, San Fernando 1, San Marino 2, Whittier 4, Lynwood 1, South Gate 11, Monterey Park 2, Maywood 3, Bell 2, Madera 1, Marin County 2, Carmel 1, Monterey 4, Napa 1, Orange County 13, Fullerton 1, Huntington Beach 1, Orange 1, Santa Ana 1, La Habra 1, Placentia 1, Riverside County 1, Sacramento 1, Redlands 3, San Bernardino 1, San Diego County 3, Chula Vista 1, La Mesa 2, San Diego 86, San Francisco 43, San Joaquin County 2, San Luis Obispo County 1, San Bruno 1, Santa Barbara County 3, Lompoc 3, Santa Barbara 10, San Jose 1, Sonoma County 2, Tulare County 2, Ventura 5, Yuba County 1.

Pneumonia (Lobar)

22 cases: Oakland 1, Butte County 1, Long Beach 1, Los Angeles 8, Pasadena 1, Monterey County 1, Riverside County 3, San Francisco 2.

Scarlet Fever

45 cases: San Leandro 1, Butte County 3, Gridley 1, Fresno County 1, Kern County 2, Los Angeles County 6, Glendale 1, Long Beach 1, Los Angeles 10, Pasadena 2, Torrance 1, Riverside 1, Sacramento County 1, Sacramento 3, San Diego 3, San Francisco 3, Shasta County 1, Tulare County 1.

Smallpox

No cases reported.

Typhoid Fever

7 cases: Butte County 1, Kern County 1, Whittier 1, Sacramento County 2, Sacramento 1, Paso Robles 1.

Whooping Cough

410 cases: Alameda County 9, Alameda 7, Berkeley 12, Emeryville 3, Oakland 4, San Leandro 1, Butte County 2, Gridley 1, Calaveras County 1, Contra Costa County 3, Pittsburg 3, Fresno 2, Bishop 6, Kern County 5, Delano 1, Los Angeles County 50, Alhambra 4, Azusa 1, Burbank 1, Compton 2, El Monte 1, Glendale 3, Huntington Park 1, Long Beach 5, Los Angeles 47, Monrovia 4, Montebello 1, Pasadena 11, Pomona 5, San Gabriel 1, San Marino 1, Whittier 1, South Gate 1, Maywood 3, Bell 4, Merced County 1, Monterey County 6, King City 2, Monterey 4, Calistoga 4, Santa Ana 1, Colfax 4, Riverside County 2, Sacramento County 1, Sacramento 18, San Bernardino 1, San Diego County 16, National City 7, San Diego 41, San Francisco 43, San Joaquin County 14, Lodi 1, Stockton 2, San Mateo County 2, Redwood City 3, San Bruno 1, South San Francisco 1, Santa Barbara County 4, Santa Barbara 4, Santa Maria 8, Santa Clara County 1, Solano County 2, Sonoma County 2, Ventura County 4, Davis 2, Woodland 1.

Meningitis (Epidemic)

2 cases: Monterey County 1, Orange County 1.

Dysentery (Amoebic)

One case: Los Angeles.

Dysentery (Bacillary)

14 cases: Los Angeles County 1, Los Angeles 10, Merced County 2, Fillmore 1.

Ophthalmia Neonatorum

One case: Santa Maria.

Poliomyelitis

2 cases: Los Angeles County 1, Los Angeles 1.

Tetanus

One case: Los Angeles County.

Trachoma

One case: San Mateo.

Encephalitis (Epidemic)

One case: Tulare County.

Food Poisoning

13 cases: Pasadena 2, Whittier 1, Fullerton 3, San Francisco 3, San Luis Obispo County 2, Paso Robles 1, San Luis Obispo 1.

Undulant Fever

3 cases: Los Angeles County 1, Tulare County 1, Woodland 1.

Tularemia

2 cases: Los Angeles County.

Epilepsy

30 cases: Fresno 1, Los Angeles County 1, Claremont 1, Los Angeles 24, San Francisco 3.

Rabies (Animal)

One case: El Cerrito.

In 1647, the Massachusetts colonial Legislature first passed regulations for the prevention of pollution of Boston harbor. During the years 1629 to 1798, Boston, Salem and Charleston passed acts relative to nuisances. These covered drainage, sewage, isolation and quarantine regulations for smallpox and ship quarantine. In 1797, the first local board of health was established in Massachusetts, and in 1799, the Boston Board of Health was established with Paul Revere of riding fame as chairman.

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